

**MULTIPLE DEPENDENT CLAIM
PFE CALCULATION SHEET
(FOR USE WITH FORM PFD-873)**

SERIAL NO. **10/088866**
FILING DATE

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		TOTAL
	IND.	DEF.	IND.	DEF.	
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50					
TOTAL IND.	7		1		1
TOTAL DEF.	20		18		19
TOTAL CLAIMS	33		19		20

BEST AVAILABLE COPY